

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1015819311

FILING DATE

6-7-6

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

1	1			
2	1			
3	1			
4	1			
5	1			
6	1			
7	1			
8	1			
9	2			
10	1			
11		1		
12		1		
13		1		
14		1		
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16		1		
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49				
50				
TOTAL IND.	1	2		
TOTAL DEP.	9	17		
TOTAL CLAIMS	10	19		

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

51			
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99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			